

**SCHEDULE 2**

**ACCESS REQUEST AND INFORMATION FORM**

This Schedule 2 is being executed pursuant to the Customer Connection Agreement (or, if applicable, the CME Globex Customer Agreement) (the "Agreement") between CHICAGO MERCANTILE EXCHANGE INC., a Delaware corporation with its principal place of business at 20 South Wacker Drive, Chicago, Illinois 60606, U.S.A ("CME") and \_\_\_\_\_ ("Company"). Any capitalized terms not defined herein shall have the meaning set forth in Schedule 1 of the Agreement.

Company acknowledges and agrees that it has executed and delivered to CME, concurrently with its signature below, an "Access Request and Information Form", attached to this Schedule 2 as Exhibit A ("Access Request Form"). Access requests for additional locations or more than one CME Globex Access Method must be made on additional Access Request Forms, which can be obtained at [www.cmegroup.com/connectionagreement](http://www.cmegroup.com/connectionagreement), or by contacting CME Globex Services at 312-648-4777. Access Request Forms are effective only upon CME signature. Any changes to an Access Request Form may be made only by completing and delivering an Additions, Deletions and Changes form (Schedule 5 to the Agreement), which also can be obtained at [www.cmegroup.com/connectionagreement](http://www.cmegroup.com/connectionagreement), or by contacting CME Globex Services.

**Company and CME have caused this Schedule 2 to be executed by their authorized representatives, to be effective as of the date executed by CME.**

**Company**

**Chicago Mercantile Exchange Inc.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be an authorized Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed documentation to:**

CME Globex Account Management – CME  
20 S. Wacker Dr.  
Chicago, IL 60606  
Phone: 312 634 8700 Fax: 312 634 1568

or

CME Globex Account Management – European Office  
Mark Vogel  
Watling House, 33 Cannon Street  
London EC4M 5SB, UK  
Phone: +44 20 7796 7100 Fax: +44 20 7796 7110

or

CME Globex Account Management – Asian Office  
Kwong Cheng  
Level 39, One Exchange Square  
8 Connaught Place  
Central Hong Kong  
Phone: +852 3101 7696 Fax: +852 3101 7698

**EXHIBIT A**

**ACCESS REQUEST AND INFORMATION FORM**

This Access Request and Information Form (“Access Request Form”) is being executed pursuant to the Customer Connection Agreement (or, if applicable, the CME Globex Customer Agreement) (the “Agreement”) between CHICAGO MERCANTILE EXCHANGE INC., a Delaware corporation with its principal place of business at 20 South Wacker Drive, Chicago, Illinois 60606, U.S.A. (“CME”) and \_\_\_\_\_

\_\_\_\_\_ (“Company”).

Any capitalized terms not defined herein shall have the meaning set forth in Schedules 1 and 2 of the Agreement.

Company must review this entire Access Request Form and complete those sections that relate to the CME Globex Access Method Company has selected. Company must sign this Access Request Form in the spaces provided under “Company.”

Any information required to be provided in this Access Request Form shall be treated by CME in accordance with the CME privacy statement, which may be found at [www.cmegroup.com](http://www.cmegroup.com).

<b>Section I: COMPANY INFORMATION</b>		
<b>A. General Information</b> <i>(All Companies)</i>		
Company Name: _____		
Company Address: _____		
Floor/Suite: _____	City: _____	State/Province: _____
Country: _____	Postal Code: _____	Phone Number: _____
Billing Address (if different from address above): _____		
Floor/Suite: _____	City: _____	State/Province: _____
Country: _____	Postal Code: _____	Phone Number: _____

**C. Connectivity Information – Company Site Details** *(All Companies)*

**Site Address:** \_\_\_\_\_ (the “Premises”)  
Floor/Suite: \_\_\_\_\_ Cage/Closet: \_\_\_\_\_ City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ On-Site Phone Number: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Local Phone Company: \_\_\_\_\_

**C.. Detailed Installation Instructions** (e.g., closet location, inside wiring instructions, building access, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II: BANK AND ACCOUNT INFORMATION**

**A. If Company will be billed directly, provide the following account auto-debit information:**

Company Billing Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name of Bank used by Company: \_\_\_\_\_  
Name on Bank Account (*a voided check from the account must be attached for verification purposes*):  
\_\_\_\_\_  
Bank address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Transit/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**B. If a person or entity other than Company will be billed, provide the following information:**

Name of CME Account to be billed\*: \_\_\_\_\_

CME Account Number: \_\_\_\_\_

*\* The person/entity that holds the CME Account must provide separate written authorization confirming this billing arrangement.*

**Section III: NETWORK ACCESS OPTIONS**

**A. CME DIRECTLink (applicable to U.S. Companies only): CME-Managed Network\***

Connection Request (please check one to identify your choice of bandwidth):

1.  T1 HSRP (two T1s, two routers)

Includes primary and secondary circuits of the same bandwidth delivered by different carriers and two routers.

*or*

2.  20 Mb Ethernet  
 40 Mb Ethernet  
 100 Mb Ethernet

Ethernet includes primary and secondary circuits of the same bandwidth delivered by different carriers and two routers. *(If your building does not provide access to the CME authorized carriers you have the option of selecting the Ethernet-Hybrid or Ethernet-Traditional options.)*

**\* Inside wiring is the responsibility of Company.**

**B. Client INTERNETLink:** With this **Client-managed** option, Company connects to CME via a secure tunnel over the internet.

Bandwidth subscription in .5 Mb increments: \_\_\_\_\_ Mb

*If choosing this option, please complete **Exhibit A.1** (*

**C. CME Globex Hub Access:**

**1. Select city:**

Amsterdam     Dublin     London     Milan  
 Paris     Sao Paulo     Singapore     Seoul

**2. Indicate the carrier Company will use to connect to each Data Center**

*(e.g. a Dublin customer may elect to use a Colt circuit to the Dublin MCI Data Center and an Eircom circuit to the Sprit Data Center):*

a.  London CME Globex Hub \_\_\_\_\_

CME London Data Center \_\_\_\_\_

VZB London Data Center \_\_\_\_\_

b.  Amsterdam     Dublin     Milan     Paris     Sao Paulo

VZB Data Center \_\_\_\_\_

Sprint Data Center \_\_\_\_\_

c.  Singapore CME Globex Hub

AT&T Data Center \_\_\_\_\_

NTT Data Center \_\_\_\_\_

d.  Seoul CME Globex Hub

VZB Data Center \_\_\_\_\_

NTT Data Center \_\_\_\_\_

**Note:** *Seoul customers must contact CME Globex Services to obtain a required Letter of Authorization (LOA) prior to placing circuit orders with carriers. This LOA will include data center addresses, data center contacts and patch panel assignments.*

**3. Date circuit(s) ordered (if available):** \_\_\_\_\_

**4. Carrier Order Number(s) (if available):** \_\_\_\_\_

**D. CME LNet:**

Customer or customer's 3<sup>rd</sup> party service provider is required to have fiber directly to the respective Meet Me Room for the respective offering. This option is not available to exchanges other than Participating Exchanges.

Select facility, bandwidth subscription, and indicate cabinet and/or rack information:

Telx       Equinix       Savvis       DRT

40 Mb Ethernet      or       100 Mb Ethernet

Provide floor and suite location where equipment will be installed: \_\_\_\_\_

Cabinet and/or rack information: \_\_\_\_\_

If space is leased through a third party, please name: \_\_\_\_\_

*Companies are required to have space pre-arranged at the specific co-location facility before submitting this form. Please note that floor and suite location must be within the predefined and CME Group approved space in the facility. Any and all charges required from the fiber provider/data center to allow the customer successful acceptance by CME are the sole responsibility of the customer, i.e., having the fiber provider participate on the network acceptance call.*

**E. Jackson Direct:** Customer works with the internal fiber provider to extend service to fiber Meet Me Room.

The customer owns the installation and ongoing relationship with the fiber provider. Companies are required to have space pre-arranged at the specific location before submitting this form.

1. Provide the floor and suite location where equipment will be installed for access to CME in the 141 Facility: \_\_\_\_\_

2. Select authorized CME fiber provider: \_\_\_\_\_

Cogent       FiberNet

Does the required fiber exist or is a build required? \_\_\_\_\_

If a build is required, is there an estimated time of completion by the fiber provider? \_\_\_\_\_

3. Select bandwidth subscription:

40 Mb Ethernet      or       100 Mb Ethernet

*Any and all charges required by the fiber provider to allow the customer successful acceptance by CME are the sole responsibility of the customer, i.e., having the fiber provider participate on the network acceptance call.*

## Section IV: CME INTERFACE OPTIONS

**If Network Options A, B, C, E or F, please specify the interfaces:**

**Reminder: Subscribers of Swapstream® must complete all related legal agreements specific to their services. Please contact your account manager to determine what is required.**

Identify the CME Globex Interface(s) to which you would like to connect:

- iLink® 2.X (Order Execution)
- CME Market Data Platform
- CME EOS Trader™
- Clearing Related Processing (3270 Telnet, MQM, FTP, VPS, Clearing 21, TOPS, Citrix)

## Section V: CONTACT INFORMATION (All Companies)

### A. Company Billing Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

### B. Company Business Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

**Company and CME have caused this Schedule 2 to be executed by their authorized representatives, to be effective as of the date executed by CME.**

**Company**

**Chicago Mercantile Exchange Inc.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be an authorized Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed documentation to:**

CME Globex Account Management – CME  
20 S. Wacker Dr.  
Chicago, IL 60606  
Phone: 312 634 8700 Fax: 312 634 1568

or

CME Globex Account Management – European Office  
Mark Vogel  
Watling House, 33 Cannon Street  
London EC4M 5SB, UK  
Phone: +44 20 7796 7100 Fax: +44 20 7796 7110

or

CME Globex Account Management – Asian Office  
Kwong Cheng  
Level 39, One Exchange Square  
8 Connaught Place  
Central Hong Kong  
Phone: +852 3101 7696 Fax: +852 3101 7698

## EXHIBIT A.1

**CHICAGO MERCANTILE EXCHANGE INC.**  
**Request for**  
**Client INTERNETLink**  
**Connectivity to the CME Production Environment**

<b>Company Profile</b>	
Company Name:	
Preferred implementation date:	
Physical address of VPN Site:	
<hr/>	
Company Project Manager:	
Phone number:	
Email address:	
Contact hours/time zone:	
<hr/>	
Primary Network Engineer:	
Phone number:	
Email address:	
Contact hours/time zone:	
<hr/>	
Backup Network Engineer:	
Phone number:	
Email address:	
Contact hours/time zone:	
<hr/>	
Is VPN Consulting Contact recommendation needed:	

<b>Company VPN Device Profile</b>	
Manufacturer of VPN device:	Cisco Router (preferred) <input type="checkbox"/> Cisco PIX Firewall <input type="checkbox"/> Checkpoint Firewall <input type="checkbox"/>
Model of VPN device:	
Version of VPN software (minimum 12.2.11.T1 if Cisco IOS):	
Source Public IP Address assigned to VPN device:	
Is VPN device currently in use for other VPN connections:	
Subscribed bandwidth (500 Kbps increments):	
<b>CME Encryption Requirements (all must be checked)</b>	
VPN Software Supports Preshared Keys for ISAKMP/IKE?	<input type="checkbox"/>
VPN Software Supports 3DES Encryption for ISAKMP/IKE?	<input type="checkbox"/>
VPN Software Supports MD5 Encryption for IPSec?	<input type="checkbox"/>
VPN Software Supports 3DES Encryption for IPSec?	<input type="checkbox"/>
<b>Company Addressing Scheme</b>	
<u>Select one of the following Source Addressing Schemes:</u>	
Company will NAT their Source Addressing to CME provided addressing	<input type="checkbox"/>
CME provided addressing will be used on Company Source devices	<input type="checkbox"/>

<b>CME use only</b>	
Globex Account Management contact:	
Date initial request was received:	
Date request was approved:	
Company Network Diagram attached:	